Accident Form

Building/Location Where the Accident or Illness Occurred

Building: [MO0127] RICHARD BOLLING Fed Bldg.

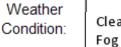
Address: 601 E. 12TH St., KANSAS CITY,

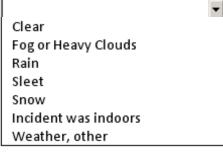
Please Complete the Rest of this Form & fill in all fields

Your Name & Phone:	
Your Title:	
Date of Accident: (mm/dd/yy)	
Time of Accident:	
Location of Accident:	
What was Victim doing just before the accident?	
Describe the accident:	
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What happened as the result of the accident?	
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What corrective actions were taken?	<u> </u>
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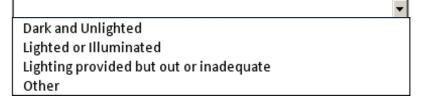
Environmental conditions at the time of the accident

Please circle the appropriate response.

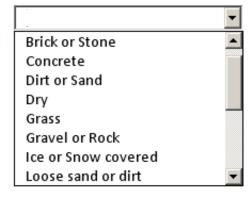




Lighting:

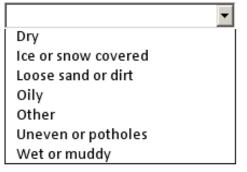


Surface Description:

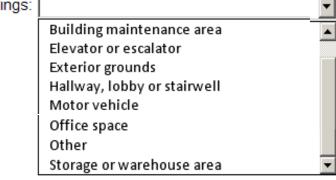




Surface Condition:



Surroundings:



Hazardous Situations:

Absence of or faulty handrails on steps, stairs or ramps

Absence of or faulty steps, stairs or ramps

Absence of or inadequate working or maintenance platforms

Aisle or working are inadequate

Animals or insects

Dangerous arrangement of loading or unloading areas

Excessive noise

Excessive wax on floor

Faulty or no job training

Improper assignment of personnel or lack of knowledge or skill

Improper or insufficient lighting

Improper ventilation

Improperly loaded equipment

Inadequately guarded equipment

Inappropriate clothing

Lack of job procedures or safety rules

Lack of or confusing warning labels

Lack or personal protective equipment (PPE)

No hazardous situation identified

Not enough or faulty electrical outlets; no GFCIs

Other hazardous situation

Poor housekeeping, congested or blocked area

Sight obstruction

Standing ice, water or other liquids

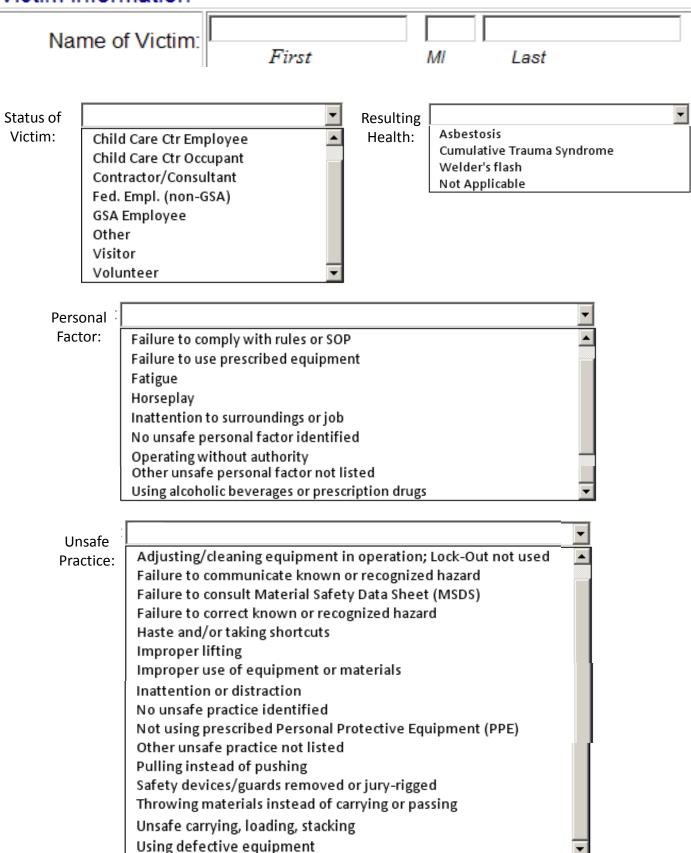
Uneven walking surface

Unsafe operational methods





Victim Information



Injury/Illness Source: Animal Air pressure tool, pump or compressor Bacteria/virus (not human contact) Boiler or pressure vessel Box, Barrel, etc. Chemical - dry Chemical - gas or vapor Chemical - liquid Close call - no injury or illness reported Clothing, apparel, shoes (other than PPE) Confined space Conveyor (for material, equipment, etc.) Dust (silica, coal, etc.) Earthmover (tractor, backhoe, etc.) Electricity Elevator, escalator, personnel hoist Equipment layout (ergonomic - not office equipment) Fibers - asbestos Fibers, not otherwise classified Fire, flame or smoke (not tobacco) Food Forklift, crane Guard, shield (fixed, movable, deadman) Hand tool, non-powered (hammer, wrench, etc) Hand tool - powered (saw, grinder, etc.) Handtruck, dolly Heating equipment Hoist, sling, chain, jack Human (disease) Human (violence) Insufficient data or unknown Ladder Mechanical power transmission apparatus Medicine Metal item, not otherwise classified Metal item - needle Noise Office equipment, not otherwise classified Office equipment, computer keyboard or screen Office furniture or furnishings (not equipment) Personal protective equipment (PPE)(e.g., shoes, gloves, etc.) Plant (e.g., poison ivy) Radiation, nonionizing (electrical) Radiation, ionizing (nuclear type) Scrap, trash Steam Stress (emotional) Walking or working surface (stairs, ramp, etc.) Walking or working surfaces (floor, street, etc.) Temperature extremes (indoors) Temperature extremes (outdoors) Vehicle - common carrier (boat, taxi, plane, etc.) Vehicle - government-owned (GOV)

Vehicle - privately-owned (POV)(includes rentals)

